

De Beers Benefit Society Member Guide 2012

Effective 1 January 2012



A registered medical scheme. Registration no. 1068

Contact Details

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Please note that while every effort has been made to ensure the accuracy of the information contained in this Member Guide, the De Beers Benefit Society will not accept any responsibility for any inaccuracy or omission. In case of any dispute, the registered Rules of the Society will apply. The Rules are available from the Society and are also published on the Society's website. Should you have any queries, please contact the Society on 053 807 3400, or visit the Society's web site at www.dbbs.co.za. You can also visit this web site for easy access to all your personal medical information online, provided you have registered to use this facility. Copyright protected.

Introduction

The De Beers Benefit Society has a long and proud history of offering members a cost-effective and competitive benefit structure. As a member of the Society you are assured of individual attention, excellent service and access to private health care for you and your dependants.

In this Member Guide, you will find the updated 2012 benefit summary, as well as comprehensive information that aims to address questions you may have about how to effectively access these benefits. Please note that there have been numerous amendments to the benefits and you are encouraged to review this Guide in full to acquaint yourself with the benefits offered by the Society for 2012. The main objective of managing the benefits via approved and accepted managed care principles, is to ensure that the Society remains competitive and viable for the benefit of all its members. The Trustees have approved the following Designated Service Providers (DSP) for the 2012 benefit year:

- Clicks directmedicines (CDM), part of the Clicks group, has been retained for the provision of chronic medicines via courier/post (for those members unable to collect chronic medicine from the Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok or directly from Dr HA Burger in Springbok).
- All public hospitals for the delivery of Prescribed Minimum Benefits to Society members (consult your local telephone directory for the applicable telephone number).
- ER24 for emergency air and road transport in the RSA and limited to residents in Botswana and Namibia subject to conditions outlined on [page 21](#)). Please note that members resident in

Botswana and Namibia have a new number to call to access these services.

- Independent Clinical Oncology Network (ICON) has been appointed as the new DSP for oncology treatment. This network represents 75% of all oncologists across the RSA.

It is never a pleasurable experience when you suddenly require health care, but we hope that this guide will assist you to obtain the assistance you require as speedily and effortlessly as possible.

Kind regards,

Leon Coetzee


Principal Officer



Contribution table

The table below shows the **total** monthly contributions payable effective from 1 January 2012.

Income	Category	Adult	Child Dependant
Less than R9 000 per month	A – F	R1 922	R521
More than R9 001 per month	G	R2 014	R543

 Please note that any employer subsidy that may apply to the above contributions may vary, as this is determined by your conditions of employment and administered by your payroll department. Queries in this regard should be directed to your HR department.

Benefit summary table

Please note:

- The Society's financial year is from 1 January to 31 December. Unless otherwise specified, the benefits described in this Guide apply to this one-year period. Benefits are not transferable from one financial year to another, from one category to another, or from one beneficiary to another.
- Waiting periods and late joiner penalties may apply to new members. For more information in this regard, please refer to the Society's Rules or contact the Society.

Abbreviations

The following abbreviations appear in the Benefit summary table:

- **CDL** – Chronic Disease List
- **CDM** – Clicks directmedicines
- **CT** – Computed Tomography
- **DSP** – Designated Service Provider
- **GP** – General Practitioner
- **GRP** – Generic Reference Pricing (for medicines)
- **ICON** – Independent Clinical Oncology Network
- **ICU** – Intensive Care Unit
- **MCC** – Medicines Control Council
- **MRI** – Magnetic Resonance Imaging
- **OTC** – Over-the-counter
- **PET** – Positron Emission Tomography
- **PMBs** – Prescribed Minimum Benefits
- **SEP** – Single Exit Price (for medicines)
- **SRPL** – Society Reference Price List – the rate at which the Society will pay for relevant health services
- **TTO** – To-take-out (medication to take-home from hospital)

Benefit summary table

Please note that the benefits listed below only apply to the Society's area of operation as defined on [page 20](#).

NO.	BENEFIT DESCRIPTION	NOTES RE EXTENT OF BENEFIT/ ANNUAL LIMIT/ CONDITIONS
PRESCRIBED MINIMUM BENEFITS (PMBs)		
1.	Statutory Prescribed Minimum Benefits	<ul style="list-style-type: none"> Benefit is 100% of the cost of the prescribed minimum benefit treatment. For all services relating to PMBs, please ensure that you make use of a Designated Service Provider, where it exists, otherwise co-payments will apply. Benefits are subject to the provisions set out in paragraph 2 of Annexure B of the Rules and shall, insofar as may be applicable, override any restrictions or limitations imposed in respect of benefits set out below.
CONSULTATIONS (Out of hospital)		
2.	General Practitioners, Specialists and registered Homeopaths	<ul style="list-style-type: none"> Benefit is 90% of SRPL. Combined GP, specialist and homeopath limit of 15 consultations per beneficiary. For elective non-emergency after hours consultations, the benefit shall be limited to the SRPL for a normal consultation. See page 22 on how to avoid additional co-payments in this regard. Doctors' house calls and/or consultations at, for example, frail care centres will be paid at normal consultation rates unless clinically assessed to be medical emergencies.
3.	General Practitioner and Specialist procedures	<ul style="list-style-type: none"> Benefit is 100% of SRPL. Pre-authorisation is required for a procedure to be performed in rooms (e.g. gastroscopy).
4.	Nursing practitioner	<ul style="list-style-type: none"> Benefit is 100% of SRPL.
DIAGNOSTIC TESTING		
5.	Pathology	<ul style="list-style-type: none"> Benefit is 100% of SRPL or Scheme Rate in hospital. Benefit is 90% of SRPL out of hospital. Subject to request by medical practitioner.
6.	Radiology	<ul style="list-style-type: none"> Benefit is 100% of SRPL or Scheme Rate in hospital. Benefit is 90% of SRPL out of hospital. Subject to request by medical practitioner.

NO.	BENEFIT DESCRIPTION	NOTES RE EXTENT OF BENEFIT/ ANNUAL LIMIT/ CONDITIONS
7.	CAT and MRI scans (In- and out-of-hospital)	<ul style="list-style-type: none"> Benefit is 100% of SRPL. Limited to three scans per beneficiary per year. Pre-authorisation is required from hospital pre-authorisation department.
8.	Bone density scans	<ul style="list-style-type: none"> Benefit is 90% of SRPL out of hospital. No benefit in hospital.
ONCOLOGY		
9.	Treatment in and out of hospital	<ul style="list-style-type: none"> Benefit is 100% of SRPL or Scheme Rate In- and Out-of-hospital at the DSP. Maximum benefit limited to R176 400 per beneficiary including all PET, CT and related planning scans. Pre-authorisation is required from hospital pre-authorisation department. Voluntary use of a non-DSP will attract a 25% co-payment on all professional services rendered. All medicine for oncology treatment must be obtained from the chronic medicine DSP.
MEDICATION		
Please note:		
<ol style="list-style-type: none"> Pharmacists are legally obliged to dispense generic medication, unless expressly prohibited in writing by your doctor on the prescription, in which case you remain liable for the additional expense as outlined below. The Generic Reference Price (GRP) will be applied to both acute and chronic medication and in cases where medication is obtained at a value above this reference price, the additional cost will be the member's liability. Refer to page 15 for more information. In circumstances where a beneficiary is due to travel outside of South Africa, the quantity of medication supplied may be increased to a maximum of a three month supply, subject to pre-approval by the Society's hospital pre-authorisation department. 		
10.	Acute medication	<ul style="list-style-type: none"> Benefit is 70% of the GRP limited to R3 070 per beneficiary. Includes homeopathic medication prescribed by a registered homeopath.
11.	Self-medication (OTC pharmacy benefit)	<ul style="list-style-type: none"> Benefit is 70% of the GRP. Limited to R145 per script and subject to acute medication limit of R3 070 per beneficiary.

NO.	BENEFIT DESCRIPTION	NOTES RE EXTENT OF BENEFIT/ ANNUAL LIMIT/ CONDITIONS
12.	Chronic medication	<ul style="list-style-type: none"> Benefit is 100% of the GRP provided it is dispensed by a DSP. Unlimited for CDL PMBs provided it is dispensed by a DSP. Benefit is 70% of GRP if a non-DSP is voluntarily used. Subject to Society approval for chronic conditions (see Frequently Asked Questions, page 16). <p><i>Note: The overall cumulative benefit limit for both PMB and other chronic conditions (see page 18) is R27 170 per beneficiary per year. If this limit is reached before year-end, the PMB chronic conditions will continue to be covered in terms of PMB protocols, provided a DSP is used.</i></p>
DENTAL		
13.	Conservative dentistry	<ul style="list-style-type: none"> Benefit is 90% of SRPL. Includes preventative and diagnostic consultations, cleaning, fillings, extractions and x-rays. Pre-authorisation is required for hospitalisation and only minors under the age of nine years. physically handicapped and mentally retarded persons will be routinely authorised.
14.	Specialised dentistry	<ul style="list-style-type: none"> Benefit is 90% of SRPL. Limited to R6 290 per beneficiary. Includes crowns, dentures, bridges, implants and periodontal treatment.
15.	Orthodontic treatment	<ul style="list-style-type: none"> Benefit is 75% of SRPL. Limited to R15 480 per beneficiary per lifetime. <p>Note: Treatment may not commence after beneficiary's 18th birthday.</p> <ul style="list-style-type: none"> Pre-authorisation is required from hospital pre-authorisation department.
OPTOMETRY		
16.	Eye test, single vision, bi-focal, multi-focal lenses (including contact lenses) and frames.	<ul style="list-style-type: none"> Benefit is limited to 90% of the tariffs as per the Optical Assist Guide. Overall limit of R3 500 per beneficiary with a sub-limit of R1 000 on frames for every two year cycle. (This includes eye test(s), single vision, bi-focal, multi-focal lenses, contact lenses and frames) Two year cycle starts January 2012.
17.	Intra-ocular lenses	<ul style="list-style-type: none"> Benefit is 100% of SRPL limited to single vision lenses and to a maximum of R1 500 per lens.

NO.	BENEFIT DESCRIPTION	NOTES RE EXTENT OF BENEFIT/ ANNUAL LIMIT/ CONDITIONS
18.	Refractive Surgery	<ul style="list-style-type: none"> Benefit is 50% of SRPL or Scheme Rate. Limited to one procedure per eye per lifetime. Lenses limited to single vision lenses. Including but not limited to Excimer Laser and eye surgery required for Astigmatism, Hypermetropia, Presbyopia, Myopia and Hypermyopia.
<p>MEDICAL EQUIPMENT</p> <p>The type of appliance covered by this benefit will be at the discretion of the Society and all repairs to and maintenance of medical equipment is included in the limit set for the particular term of the benefit cycle.</p>		
19.	External appliances	<ul style="list-style-type: none"> Benefit is 50% of the cost as approved by the Society. Limited to R5 020 per beneficiary. Includes orthopedic boots, surgical collars, external breast prosthesis, nebulisers, artificial eyes and hiring of equipment. Pre-authorisation is required from hospital pre-authorisation department.
20.	Colostomy bags and catheters	<ul style="list-style-type: none"> Benefit is 90% of the cost as approved by the Society. Limited to R13 420 per beneficiary. Pre-authorisation is required from hospital pre-authorisation department.
21.	Continuous Oxygen Supply (COS) machine rental and/or oxygen	<ul style="list-style-type: none"> Benefit is 90% of the cost as approved by the Society. Limited to R12 265 per beneficiary. Pre-authorisation is required from hospital pre-authorisation department.
22.	External Prosthesis (such as artificial limbs)	<ul style="list-style-type: none"> Benefit is 90% of the cost as approved by the Society. Limited to R33 000 per beneficiary. Pre-authorisation is required from hospital pre-authorisation department.
23.	Hearing aids	<ul style="list-style-type: none"> Benefit is 90% of the cost as approved by the Society. Limited to R12 265 per beneficiary per five-year cycle from date of first supply. Pre-authorisation is required from hospital pre-authorisation department. No benefit is payable in respect of replacement hearing aid batteries.

NO.	BENEFIT DESCRIPTION	NOTES RE EXTENT OF BENEFIT/ ANNUAL LIMIT/ CONDITIONS
24.	Wheelchairs	<ul style="list-style-type: none"> Benefit is 90% of the cost as approved by the Society. Limited to R13 230 per beneficiary per five-year cycle from date of first supply. Pre-authorisation is required from hospital pre-authorisation department.
CARE NOT IN HOSPITAL		
25.	Audiology, Chiropody, Podiatry, Acupuncture, Dietician services, Occupational and Speech Therapy	<ul style="list-style-type: none"> Benefit is 90% of SRPL. Combined limit of R2 100 per beneficiary.
26.	Physiotherapy including Biokinetics and Chiropractic Services	<ul style="list-style-type: none"> Benefit is 90% of SRPL. Limited to R6 290 per beneficiary.
27.	Hospice in and out patient including private nursing and wound care	<ul style="list-style-type: none"> Benefit is 90% of SRPL. Combined limit of R10 500 per beneficiary. The facility must be registered with the Hospice Association of SA or the provider must be a registered nurse.
28.	Psychological and psychiatric treatment	<ul style="list-style-type: none"> Benefit is 90% of SRPL, limited to R8 870 per beneficiary.
IN HOSPITAL		
29.	Hospitalisation	<ul style="list-style-type: none"> Benefit is 100% of SRPL or Scheme Rate where a network hospital has been authorised. Pre-authorisation is required from hospital pre-authorisation department for all services provided in hospital. Co-payment of R1 500 levied per in-hospital procedure pre-authorised for all colonoscopies, arthroscopies, laparoscopies, circumcisions and male sterilization. Where two or more of these in-hospital procedures are performed simultaneously, only one co-payment will be levied. No co-payment will be levied should the above procedures be pre-authorised to take place out of hospital.
30.	Professional fees charged by service providers in hospital	<ul style="list-style-type: none"> Benefit is 100% of SRPL or Scheme Rate where a network hospital has been authorised. Pre-authorisation is required from hospital pre-authorisation department.

NO.	BENEFIT DESCRIPTION	NOTES RE EXTENT OF BENEFIT/ ANNUAL LIMIT/ CONDITIONS
31.	Maxilla facial and oral surgery	<ul style="list-style-type: none"> Benefit is 100% of SRPL. Pre-authorisation is required from hospital pre-authorisation department. This excludes surgery in preparation for Osseo-integrated implants and Orthognathic surgery.
32.	Blood transfusions	<ul style="list-style-type: none"> Benefit is 100% of SRPL.
33.	Psychiatric admissions for treatment of mental disorders and alcohol and drug dependency	<ul style="list-style-type: none"> Benefit is 100% of SRPL. Limited to 21 days per beneficiary provided that the treatment of PMB conditions are limited as per Annexure A of the Regulations. Pre-authorisation is required from hospital pre-authorisation department.
34.	Internal prosthesis (such as plates, screws, stents and pacemakers, etc.)	<ul style="list-style-type: none"> Benefit is 100% of SRPL. Limited to R33 000 per beneficiary. Pre-authorisation is required from hospital pre-authorisation department.
35.	Cochlea implants	<ul style="list-style-type: none"> Benefit is 100% of SRPL. Pre-authorisation is required from hospital pre-authorisation department.
36.	Hospital medicines	<ul style="list-style-type: none"> Benefit is 100% of agreed price. TTO medication up to a maximum of seven days' supply.
37.	Physiotherapy	<ul style="list-style-type: none"> 100% of SRPL or Scheme Rate where a network hospital has been authorised. Pre-authorisation is required from hospital pre-authorisation department.
38.	Pathology	<ul style="list-style-type: none"> Benefit is 100% of SRPL or Scheme Rate.
39.	Radiology	<ul style="list-style-type: none"> Benefit is 100% of SRPL or Scheme Rate. Pre-authorisation is required from hospital pre-authorisation department.
EMERGENCY TRANSPORT		
40.	Emergency road and air transport	<ul style="list-style-type: none"> Benefit is 100% unlimited, subject to pre-authorisation by ER24. No benefit for use of any other ambulance services. ER24 is the DSP for all emergency and ambulance services. Coverage only in RSA and limited to residents in Botswana and Namibia subject to conditions as outlined elsewhere.

Exclusions and limitations

Exclusions

Except for certain relevant health services covered by the Prescribed Minimum Benefits delivered to beneficiaries in accordance with protocols and formularies used by the Society or its contracted managed care providers, and unless otherwise provided for in the Rules, expenses incurred in connection with any of the following will not be paid by the Society:

1. Expenses incurred by a beneficiary because of wilful self-inflicted injury, attempted suicide or the excessive use of an intoxicating substance or drug.
2. Expenses arising from injuries sustained as a result of participation in professional sport.
3. Expenses arising from injuries or illness when breaching the law.
4. Expenses arising from examinations, treatment and/or operations for cosmetic purposes, infertility, artificial insemination, impotency and erectile dysfunction or treatment of an experimental nature or not published in international evidence based treatment or management guidelines, and any complication that may arise from such examinations or treatment.
5. Expenses (including expenses relating to any Prescribed Minimum Benefit) incurred outside the RSA, unless the expense are incurred by members resident in Botswana or Namibia under the conditions described on [page 20](#).
6. Expenses incurred by a beneficiary during any waiting period imposed by the Society in terms of its Rules.
7. Expenses in respect of the treatment of any learning, marital, social or family problems.
8. Expenses relating to the purchase of:
 - i. any drug or medicine not registered by the Medicines Control Council or similar authority; or
 - ii. medicines not registered for treatment of the condition for which such medicines are obtained and any patent and household remedies.
9. Expenses relating to any contraceptive preparations and devices, except for the Mirena device where prior authorisation has been obtained from the Society.
10. Expenses relating to services that do not relate to any sickness condition, including but not limited to examinations for insurance, employment, visas, pilot and driving licenses and school readiness tests.
11. Expenses relating to any reduction mammoplasty.
12. Expenses relating to any recuperative or convalescent holidays.
13. Expenses relating to any diagnostic preparations and instruments, soaps, shampoos and other topical applications (of a cosmetic nature), medicated or otherwise but excluding those intended for treatment of lice, scabies and other parasitic or fungal infections.
14. Expenses relating to any anti-addiction and anti-habit agents.
15. Expenses relating to any cosmetic items inclusive of hair-restorers.
16. Expenses relating to any sun screening and sun-tanning agents except those intended for the treatment of skin disorders.
17. Expenses relating to any homeopathic and herbal medicines and remedies not prescribed by a registered homeopath.

18. Expenses relating to any food supplements including all patent and baby foods and special milk preparations.
19. Expenses relating to any household bandages, dressings and diapers.
20. Expenses relating to any syringes and needles except those required for use in the treatment of diabetes.
21. Expenses relating to any vitamins, mineral supplements, growth hormones and tonics including but not limited to Efamol G and similar products, stimulants e.g. Reactivan, except vitamins e.g. Vitamin B and probiotics needed in conjunction with antibiotics. However, benefits will be granted for the following:
 - i. Pre-natal vitamins; and
 - ii. Calcium supplements when prescribed and approved for the treatment of osteoporosis.
22. Expenses relating to any contact lens preparations.
23. Expenses relating to any demand prescriptions.
24. Expenses relating to any telephone prescriptions, other than for repeat prescriptions.
25. Expenses relating to any telephonic consultations.
26. Expenses relating to accommodation and nursing services rendered in convalescent or old age homes or similar institutions catering for the aged or chronically ill other than specifically provided for in the Rules.
27. Expenses relating to all non-prescription sunglasses.
28. Expenses relating to appointments not kept by a beneficiary.
29. Expenses relating to sleep therapy.
30. Expenses relating to an illness of a protracted nature, if the Beneficiary, at the request of the Society, fails to consult a specialist nominated by the Society in consultation with the attending practitioner or fails to act upon the treatment proposed by such specialist.
31. Expenses incurred without a pre-authorisation being issued by the Society as required by the Rules.
32. Expenses relating to services which are regarded as not being medically necessary, provided that a treatment, procedure, supply, medicine, hospital or specialised centre stay (or part of a hospital or specialised centre stay) shall be regarded as medically necessary if:
 - i. The treatment is required to restore the normal function of an affected limb, organ or system;
 - ii. The treatment is generally accepted as optimal and necessary for the specific condition and is supplied at an appropriate level to render safe and adequate care;
 - iii. The treatment is not rendered for the convenience of the relevant beneficiary or service provider;
 - iv. Outcome studies are available and acceptable to the Society; and
 - v. No alternative exists that has a better outcome, is more cost effective and has a lower risk.

In this regard, the presence or absence of a medical necessity shall be determined by the Society taking into account the above requirements. The fact that a provider has prescribed, recommended, approved or provided a treatment, service, supply or confinement shall not in itself be regarded as proof that such service was medically necessary. The Society may refer cases to a medical specialist for an opinion. The decision of the Society on the issue of medical necessity following the advice of such specialist shall be final.

33. Expenses for which a third party is liable including expenses associated with occupational injuries and diseases, motor vehicle accidents and medical services covered by other forms of insurance, provided that the Society may provide benefits until the third party's liability has been established at which stage the expenditure shall be recouped from the third party or the beneficiary as the case may be.

Limitations

1. The maximum benefits to which a member and his Dependents are entitled during any financial year of the Society are limited to the extent set out in Annexure B of the Rules.
2. Beneficiaries admitted during the course of a financial year are entitled to the benefits set out in Annexure B of the Rules, but subject to reduced maximum benefits calculated in the same proportion as the period of Membership and/or registration as a Dependant measured from the date of admission to the end of the relevant financial year shall bear to the duration of the full financial year.
3. Any benefits obtained by a Beneficiary under the Prescribed Minimum Benefits shall be off-set against any other applicable benefit limit available in terms of these Rules, at a facility the Society deems appropriate.

What are Prescribed Minimum Benefits (PMBs) and how do they work?

PMBs were introduced into the Medical Schemes Act to ensure that members of medical schemes would not run out of benefits for certain prescribed conditions. These PMBs cover a wide range of

close to 270 conditions that medical schemes must cover (according to set protocols), including but not limited to medical emergencies. Although PMBs must be funded in full by medical schemes, the Medical Schemes Act does allow schemes to use certain measures to manage the financial risk associated with the unpredictable health needs of their members. It is extremely important that you understand the implications of these measures so that you do not end up facing co-payments.

How can I make sense of PMBs?

To understand the impact of the legislation changes, it helps to understand the terms that are generally used when talking about PMBs.



PMB terms worth knowing

Prescribed Minimum Benefits (PMBs)

PMB's are minimum benefits which by law must be provided to all medical scheme members and include the provision of diagnosis, treatment and care costs for:

- any emergency medical condition as defined
- a set of approximately 270 medical conditions (called the Diagnosis and Treatment Pairs or DTPs* [see below], listed in the Regulations to the Act); and
- the Chronic Disease List (26 chronic conditions including HIV and AIDS)

**DTPs - Certain conditions cannot be classified as a PMB condition on their own. To be classified as a PMB condition, the condition should manifest with another condition in a specific pre-defined way and it should be treated in a specific way in accordance with set protocols. This is known as Diagnosis and Treatment Pairs (DTPs). Only when all the DTP criteria are met will claims for the treatment of the relevant condition be classified as a PMB.*

Designated Service Provider (DSP)

This refers to health care provider/s that have been selected by the Society to provide its members with diagnosis, treatment and care in respect of one or more of the PMB condition*. The Society's DSPs are:

- All public hospitals
- Clicks directmedicines (as well as the Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok and Dr HA Burger in Springbok)
- ER 24 – Emergency Transport Service provider
- ICON – Independent Clinical Oncology Network (Pty) Ltd. All oncology related consultation and treatment benefits will be subject to the ICON DSP and members are reminded that all oncology medication must be obtained from CDM as advised on [page 16](#). Should a non-DSP provider be used, a member co-payment of 25% of the consultation cost will apply,

In order to receive PMB benefits, these DSPs must be used otherwise co-payments as per the Society's benefit structure will apply.

Please note that the Medi-Clinic hospitals listed on the Society's list of Network Hospitals are Preferred Providers and not DSPs.

Emergency medical condition defined:

This is a medical condition which is of sudden and unexpected onset that requires immediate medical or surgical treatment, where failure to provide this treatment would result in impairment of bodily functions, serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

Co-payment

A co-payment is the amount of money or the portion of the account that the Society may require you to pay from your own pocket. This could be either a percentage of the fee or the difference between the tariff of the Society's DSP and the amount charged by the service provider (non-DSP) that attended to you.

What is Involuntary use of a non-DSP?

If circumstances force you to obtain a medical service from a non-DSP (i.e. involuntarily as is the case of an emergency medical condition), and it is a PMB condition, the Society will pay for the costs of your treatment, diagnosis and care in full. This may occur when:

- the required service is not readily available from the list of DSPs listed above,
- an emergency medical condition as defined above occurs, or
- there is no DSP within reasonable proximity to your place of residence or work.

If however, a beneficiary voluntarily obtains a diagnosis, treatment and/or care in respect of PMBs from a provider other than a DSP, the benefit payable in respect of such service is subject to such benefit limitations as are normally applicable in terms of the Rules of the Society and shall not exceed the benefit that would have been available had the DSP been used.

Why does the Society need ICD-10 codes to be reflected on your claim?

ICD-10 codes provide accurate and specific information on the condition that you have been diagnosed with and treated for and should be provided by your service provider on the account rendered for the service provided. These codes help the Society to determine what benefits you are entitled to receive and how these benefits must be paid. This becomes very important when you have a PMB condition as the code allows the Society to accurately identify the PMB condition. If the PMB condition is treated by one of the DSPs listed above, the account must be paid for in full by the Society with no member co-payments. ICD-10 codes therefore ensure that the correct benefit allocation is made.

Where can I obtain more information about PMBs?

Should you require more information regarding the PMBs or wish to register to receive PMB benefits, please contact the Society's Hospital Utilisation Management Department on **053 807 3444** or e-mail managedcare@dbbs.co.za. Members can also access the Council for Medical Scheme's website (www.medicalschemes.com) for regular publications and updates on this subject. A link to the Council's website is also available on the Society's website (www.dbbs.co.za).

Members are encouraged to familiarise themselves with the PMBs by reading all relevant information made available to them.

General complaints and dispute resolution

Members may lodge complaints, in writing to the Society via e-mail (benefitpost@dbbs.co.za) or post (PO Box 1922, Kimberley, 8300) for the attention of the Principal Officer.

All complaints received in writing will be responded to by the Society, in writing, within 30 days of receipt thereof.

Any dispute may be referred to an expert committee for an opinion. A final decision by the Principal Officer in consultation with the Chairman of the Board regarding the dispute will be binding on both parties in terms of the Rules of the Society.

Any member has the right to appeal to the Council for Medical Schemes against the decision of the Principal Officer. Such appeal must be submitted to the Council and needs to be furnished to the Registrar not later than three months after the date on which the decision in question was made by the Principal Officer.

Definitions

• **Waiting period**

This is a general three-month period after joining the Society during which a beneficiary is not entitled to claim any benefits. This is imposed by the Society in specific cases. In cases where a condition-specific waiting period of 12 months has been imposed, the beneficiary is not entitled to claim any benefits related to the specific condition in question for a period of 12 months.

• **Late joiner penalties**

Late joiner penalties may be imposed in specific cases on beneficiaries over the age of 35. Depending on the number of years that they have not belonged to a medical aid, a late joiner penalty will be added to the member's monthly contribution in respect of the beneficiary. It is based on the total number of years the beneficiary has not been a medical aid member since the age of 35 years and is calculated as a percentage of the contribution as shown in the table below. Late joiner penalties will be applied to the contribution applicable to the beneficiary.

Penalty Bands	Maximum penalty
1 – 4 years	0.05 x contribution
5 – 14 years	0.25 x contribution
15 – 24 years	0.5 x contribution
25 + years	0.75 x contribution

For more information about waiting periods and late joiner penalties, please refer to the Society's Rules, available from the Society and on the website at www.dbbs.co.za

• **Dependant**

- » A member's spouse or partner who is not a member, or a registered dependant of a member of another medical scheme; or
- » A member's child who is dependent on the member and is not a member, or a registered dependant of a member, of another medical scheme; or
- » Someone in the member's immediate family for whom the member is liable for family care and support; or
- » The ex-spouse of a member who joined the Society as a result of the transfer of De Beers employees from the Anglo American Corporation Medical Scheme (AACMED) to the Society in 2002, and who was registered as a dependant of this member in terms of the Rules of AACMED at the time.

• **Child**

A natural child, stepchild or legally adopted child of a member, or a child who has been placed by a competent authority in the custody of the member or his spouse or partner, or the child born by a member's natural child, or a stepchild or legally adopted child who is registered as a dependant at the time of the birth of such a child.

• **Child dependant**

A dependent child who is under the age of 26.

• **Dependent child**

- » A child under the age of 21; or
- » A child over the age of 21, but under the age of 26, who is not in receipt of a regular income of more than R2 500 per month; or

- » A child over the age of 21 who, due to a mental or physical disability, is dependent upon the member.

- **Network Hospital**

A network hospital is a preferred service provider with which the Society has negotiated specific rates. Please refer to the list of network hospitals at the end of this Guide.

- **Society Reference Price List**

Benefits are calculated according to the De Beers Benefit Society Reference Price List (SRPL).

In cases where service providers charge the SRPL rate, the Society will pay the service provider directly and in full (if there are any co-payments due, these will be collected via the member's salary/pension subject to credit limits). Where service providers charge in excess of 200% of the SRPL, the Society will refund the member the Society's liability and the member will have to settle the account directly with the service provider.

- **Scheme Rate**

The Scheme Rate means the rate at which the Society pays benefits to all service providers for services rendered in network hospitals and selected in-room procedures. The Scheme Rate is limited to 200% above SRPL where these services have been provided in an authorised network hospital and you have received pre-authorisation for any booked procedure. Members will be liable for any amount by which the professional fees exceed 200% of the SRPL. Where a non-network hospital is used voluntarily, the SRPL rate will apply and co-payments are likely to apply. Where certain procedures (for example, circumcisions, vasectomies, colonoscopy's and gastroscopy's) are performed in the doctors rooms in lieu of a hospital admission, these procedures will also be funded at the Scheme Rate.

- **Generic Reference Pricing**

GRP is a tool used in the healthcare industry to promote the effective utilisation of medicine benefits while ensuring patients have continued access to high quality care. The GRP model calculates the average price of generically equivalent products that have been grouped together (generically equivalent products are those that are identical in terms of active ingredient and strength). This average price is reviewed continuously by a panel of clinical experts to ensure the appropriateness thereof as well as the availability of products contained within this reference price. GRP applies to all medicine where an MCC-approved generic equivalent medicine is available.

Members claiming for products priced above the generic reference price will be subject to an additional co-payment calculated as the difference between the claimed amount and the reference price. This would be the case even if the doctor indicated on the prescription that the medicine cannot be replaced with a generic equivalent.

Members should note that the GRP values are updated on a monthly basis and therefore may result in a medicine that was within the GRP limit in one month might exceed it in the next month and therefore attract a co-payment. It is therefore essential to communicate with the pharmacist or operator (in the case of CDM) and ask if there will be any co-payments on the drugs requested. It should be noted that there will be no co-payment on any chronic medicine (provided you have registered your chronic condition with the Society) if you receive it from a DSP and it is within the GRP formulary.

- **Pre-authorisation**

Pre-authorisation means obtaining prior approval for a benefit in terms of the Rules, for example for the provision of chronic medication and the prior approval of any planned admission to a hospital or planned procedures as defined in the benefits table. Pre-authorisation must be obtained not less than 72 hours prior to such admission. This includes an associated treatment or procedure (also dental procedures) performed during hospitalisation. In the case of emergency hospitalisation, the Society must be notified within 24 hours or on the first working day after such an admission or treatment was initiated. In cases where the required pre-authorisation was not obtained, no benefit will apply.

Frequently asked questions

A. Medication

- **Where can I collect acute medication?**

If you live in the vicinity of the Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, or the Namaqualand Pharmacy in Springbok, you may collect your acute medication from these pharmacies (or directly from Dr HA Burger in Springbok) at an agreed lower tariff, and no additional administration levies will be charged (as is generally the case with other retail pharmacies). You can also obtain your acute medicine from any retail Clicks pharmacy anywhere in the country.

If this is not convenient, you may also collect your acute medication from any other retail pharmacy in South Africa. If you choose this option, it is important that you check that

the pharmacy charges the current SEP with a professional fee added at 26%, limited to a maximum of R26 per item dispensed. If a higher pricing structure applies, you will have to pay the difference as an additional administration levy. This is in addition to the normal 30% co-payment in terms of the Rules of the Society for acute medicines.

It is also possible to have long term acute medication delivered with your chronic medication, provided that it is available from CDM and ordered along with your chronic medication. However, please note that this may result in a delay of the delivery of your chronic medicine. Please see the information on chronic medication below for more information.

- **Where can I obtain my chronic medication?**




DBBS members can collect their chronic medication from one of the following DSP's: Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok or directly from Dr HA Burger in Springbok. If collection is not possible, your chronic medicine will be delivered to you free of charge by CDM, either via courier or to your nearest post office or Clicks pharmacy. You will be notified via SMS by CDM when medicine is dispatched. In the event that you obtain your chronic medication from any other source than that listed above, (also known as out-of-network), this will carry a co-payment of 30% plus the difference between the supplier charges and the contracted price that the Society has with its DSPs. Please note that all oncology medicine must also be obtained from Clicks directmedicine.

- **How does the chronic medication benefit work?**

If you or any of your dependants suffer from the chronic conditions listed on [page 18](#) and require chronic medication, your doctor must register the affected person (beneficiary) on the Society's Chronic Medication Programme and obtain authorisation before prescribing chronic medication by calling **053 807 3593**.

Once the beneficiary has been registered on the programme and the proper authorisation has been granted, the Society will pay 100% of the cost, on condition that you obtain your chronic medication from the DSPs listed above and subject to the limits as described on [page 5](#). Please note that if you or your Doctor insists on original brand-name medicine, and not a generic equivalent (subject to GRP), you will be liable for a co-payment. If you do not register on the Chronic Medication Programme the cost of the medication will be deducted from your acute medication benefits and you will be liable for a 30% co-payment.

Notes:

-  Please remember to re-order your chronic medication at least 10 days prior to your current supply being depleted. Chronic medication is not automatically dispensed.
-  All chronic medicine prescriptions are only valid for six months from the date of issue. Members must obtain a new prescription before this period expires.
-  Please note that homeopathic medication does not qualify for chronic medication benefits.

- **What process must be followed before I can obtain my chronic medication?**

Once you have been registered on the Society's Chronic Medication Programme and the proper authorisation has been granted for your medication, fax your prescription to **0861 444 414** or email it to clicks.directmedicines@dirmed.co.za. Please note that this does not automatically instruct CDM to forward your chronic medication. You have to give them specific instructions via the call centre (**0861 444 405**) or by fax or e-mail (see contact details on the first page of this Guide) detailing each item required and providing your preferred delivery method, address and contact numbers. For members accessing the other DSPs noted above, the prescription should be handed in at the relevant pharmacy.



• **What chronic illnesses are covered?**

Prescribed minimum benefit (PMB) chronic conditions (as per the CDL):

- | | | |
|--|------------------------------------|-----------------------------------|
| 1. Addison's Disease | 9. Coronary Artery Disease | 18. Hyperlipidaemia |
| 2. Asthma | 10. Crohn's Disease | 19. Hypertension |
| 3. Bipolar Mood Disorder | 11. Diabetes Insipidus* | 20. Hypothyroidism |
| 4. Bronchiectasis | 12. Diabetes Mellitus Type 1 and 2 | 21. Multiple Sclerosis* |
| 5. Cardiac Failure | 13. Dysrhythmias | 22. Parkinson's Disease |
| 6. Cardiomyopathy Disease | 14. Epilepsy | 23. Rheumatoid Arthritis |
| 7. Chronic Obstructive Pulmonary Disease | 15. Glaucoma | 24. Schizophrenia |
| 8. Chronic Renal Disease | 16. Haemophilia* | 25. Systemic Lupus Erythromatosis |
| | 17. HIV/AIDS | 26. Ulcerative Colitis |

In addition to the above chronic conditions, the Society will also cover the following conditions (which do not qualify for PMBs and are subject to the annual chronic medication limit):

- | | | |
|--|--|--|
| 1. Acne* | 12. Hyperthyroidism § | 23. Peripheral Vascular Disease § |
| 2. Allergic Rhinitis* | 13. Hypoparathyroidism § | 24. Pituitary Adenomas § |
| 3. Alzheimers Disease* | 14. Major Depression § | 25. Psoriasis |
| 4. Ankylosing Spondylitis | 15. Ménière's Disease* | 26. Pulmonary Interstitial Fibrosis |
| 5. Benign Prostatic Hypertrophy | 16. Menopausal and Peri-menopausal Disorders § | 27. Stroke / Cerebro-vascular Accident § |
| 6. Cushing's Disease § | 17. Motor Neuron Disease | 28. Systemic Connective Tissue Disorders (incl. Scleroderma & Dermatomyositis) |
| 7. Cystic Fibrosis* | 18. Myasthenia Gravis | 29. Attention Deficit Hyperactivity Disorder |
| 8. Deep Vein Thrombosis | 19. Osteoarthritis | |
| 9. Gastro-Oesophageal Reflux Disorder* | 20. Osteoporosis* | |
| 10. Gout* | 21. Paget's Disease | |
| 11. Hyperpara-thyroidism § | 22. Paraplegia, Quadriplegia* § | |

Medical conditions marked * will only qualify for benefits under specific circumstances. Please contact the Society for details in this regard.

Medical conditions marked § may attract prescribed minimum benefit entitlement in terms of the diagnosis and treatment pairs as per Annexure A to the regulations to the Medical Schemes Act.

B. Hospitalisation Procedures

Members are encouraged to always make use of Network Hospitals – failure to do so will result in the member being liable for co-payments.

All planned admissions to hospital require pre-authorisation, which can be obtained by contacting the Society's hospital pre-authorisation department toll-free at **0800 111 669** at least 72 hours prior to admission. In the event of an emergency, the Society must be notified within 24 hours after the event or the next working day if it falls on a weekend or public holiday.

The Society has a preferred provider arrangement with a number of hospitals throughout South Africa. These hospitals are known as 'network hospitals'. (See the list of network hospitals on [page 23](#)).

- **How do hospitalisation benefits work in a network hospital?**

If you have a procedure done at a network hospital for which you have obtained pre-authorisation from the Society, you **will not** have to pay any additional charges from the hospital other than in cases where the option exists to have the procedure performed out of hospital as noted elsewhere. The Society will settle accounts directly and in full from your service providers, for example surgeon, anaesthetist etc. unless it exceeds 200% of SRPL as noted below.

- **How do hospitalisation benefits work in a non-network hospital?**

Please note that if you have a procedure at a non-network hospital for which you have obtained pre-authorisation from the Society, you may not receive the same level of benefit as you would have if you had used a network hospital and additional co-payments may be incurred.

- **How do benefits work in other facilities?**

Admissions to day clinics, psychiatric hospitals and step-down facilities is not restricted to network hospitals provided that pre-authorisation from the Society has been obtained. Co-payments may however apply in certain circumstances.

- **What about other service providers utilised while hospitalised?**

Please remember that when you are in hospital, there are also other costs to consider apart from the actual hospitalisation, e.g. specialists, physiotherapists etc. It is your responsibility to check what the specialists' charges will be and what portion will be covered by the Society. If the service providers charge in excess of the SRPL tariffs, the Society will apply the Scheme Rate to these claims only if the hospitalisation has been pre-authorised at a network hospital. Any charges higher than the Scheme Rate will be for the members account notwithstanding that it has been pre-authorised.

- **How do benefits for Day Procedures work?**

A same day admission, if authorised as such, will qualify for benefits if the admission and discharge occur on the same day without any overnight stay. Should an overnight stay subsequently be required, the difference will be for the member's account.

If admitted to a non-network hospital, the entire account will change to the SPRL rate and the member will be liable for any difference in costs from admission until the time of discharge, if there is an overnight stay.

Members are encouraged to ensure that if they are admitted for a day procedure that their doctor performs the procedure early enough in the day to ensure that an overnight stay is not required for recovery from anesthetic.

- **How can I minimise costs not covered by the Society should I need to have an operation?**

Find out from your referring doctor or specialist what service providers will be involved in your case, for example:

- » the surgeon(s)
- » the anaesthetist
- » any doctors or specialists assisting the surgeon
- » follow-up treatments in hospital, such as physiotherapy, pathology tests, x-rays, etc.

Ask the doctors/service providers what they will charge in comparison with the SRPL tariffs. You can contact the Society on 053 807 3400 for information on SRPL tariffs. Negotiate with all your service providers to charge the SRPL tariff if they quote a higher rate. If you are not successful, consider using an alternative specialist as you will be liable for the additional costs.

- **What if the procedure can be conducted in the doctor's consultation rooms?**

Certain medical procedures can be performed in a doctor's consultation rooms and it is not necessary for members to endure the inconvenience of being admitted to hospital. Members would need to request authorisation for indicated procedures and the Society would then provide benefit up to Scheme Rate, thus reducing the possibility of member co-payments. No authorisation is required for minor (non-booked) in-room procedures, but please contact the Society's hospital pre-authorisation department if you require clarification.

Co-payments of R1,500 apply to colonoscopies, arthroscopies, laparoscopies, circumcisions and male sterilisations that are

performed in hospital as it is possible and general practice for these procedures to be performed in the doctor's consultation rooms. When requesting authorisation for a planned procedure, the Society will indicate to the member whether a co-payment is payable or not by providing written confirmation of the authorisation. When two or more of the above procedures are performed simultaneously in hospital, only one co-payment will be levied.

- **Can I settle my co-payments by paying service providers directly?**

If you do not want the Society to pay the service provider's claimed amount on your behalf and collect co-payments from your salary or pension, please notify the Society in writing. In such cases the Society will only settle its liability with the service provider according to the Rules, and the member will be required to settle the remaining portion of the account directly with the service provider.

- **In which countries will I be covered for benefits in terms of the Society's Rules?**

Coverage for benefits as outlined in the benefit table above in general only applies within the Republic of South Africa, provided that:

- » benefits will be extended to Members and their Dependents in Botswana or Namibia during the employment of such Members by the Employer or an Associated Employer in either of those countries; and
- » Members or Dependents who are enjoying benefits in respect of relevant health services rendered in Botswana or Namibia will, on becoming retired members, continue to

enjoy such benefits for as long as they remain permanent residents of the country in which they were receiving benefits at the time when they became retirees as provided for in rule 6.2, or became eligible for Membership as provided for in rule 6.3 (as the case may be).

Please note that ER24 coverage will generally only apply to emergencies in the RSA and for members resident Botswana and Namibia as outlined above. If you are a RSA citizen, resident in the RSA who is travelling on holiday to Botswana or Namibia or, for that matter, to any other country in the world, you will not be covered by ER24 or by the Society and you are therefore advised to arrange appropriate travel insurance in good time before you depart.

C. Emergencies

• What happens if I need to be admitted to hospital in case of an emergency?

The Society will cover the hospital and specialist charges for emergency* hospital admissions at cost, provided that the Society is informed of the admission on the next working day.

* Definition of emergency: The sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the patient's life in serious danger.

• What if I need an ambulance in an emergency?

You and your registered dependants who are resident in South Africa, Botswana or Namibia (Subject to the conditions as outlined above), have unlimited access to emergency medical transportation 24 hours a day within the borders of your country, provided that this is pre-authorised by ER24.

Simply call 084 124
For Botswana or Namibian
Residents call: +27 10 205 3038

Services offered by ER24:

- » 24-hour access to the ER24 Emergency Call Centre
- » Dispatch of emergency response
- » Medical transportation by ambulance or aircraft
- » Authorised inter-hospital transfers

In addition to emergency transportation, you will also receive emergency medical advice and assistance. ER24's operators will guide you through a medical crisis situation, provide emergency advice and organise for you to receive the support you need. This service is available on a 24 hour basis.

D. General

- **How much time do I have to claim a benefit?.**

Please submit your claims as soon as possible, but no later than **four months** from the date on which the service was rendered. In terms of the Medical Schemes Act, claims not submitted within four months will not be considered for payment by the Society.

- **What do I do if I suspect that someone is defrauding the Benefit Society?**

Phone the Society's toll-free Fraud Line on **0800 204 724** or use the anonymous email facility on www.dpbs.co.za (under Fraud).

All calls and emails will be treated confidentially and you will not have to disclose any personal details. Please give as much detail about the suspected instance of fraud as possible to assist in the investigation.

- **Can I belong to more than one medical scheme?**

No. It is illegal to belong to more than one medical scheme at the same time.

- **How can I ensure that my GP and other health-care service providers are paid timeously?**

In the interests of efficiency and reducing the risk of fraud, the Society's policy is to pay all service providers only via electronic funds transfer (EFT) and claims are processed and paid within a maximum period of 14 days of receipt. In view of this, members are encouraged to advise their service providers accordingly and

to ensure that the Society is provided with their banking details to ensure that they receive their payments timeously.

How can I avoid co-payments for after-hours/unscheduled doctor's consultations?

Please note that any after-hours and any unscheduled doctor's consultations (which are not emergencies) will only qualify for a benefit at the normal doctor's consultation (tariff 0190) SRPL rates. Any additional charges will not be settled by the Society and the member will need to pay the provider directly. For example, if you voluntarily choose to visit the doctor after hours, you will pay the difference between the normal SRPL consultation rate and the after-hour consultation fee. Remember to check with the receptionist when an "after-hours or unscheduled visit" fee will be charged.

Most doctors (including facilities such as Medi-Cross) charge an after-hours consultation fee for consultations conducted after normal working hours and during week-ends. Also note that, if you phone your doctor during normal working hours and he/she fits you in on that specific day without an official pre-booked appointment, you will be charged for an unscheduled consultation. You will be liable for the standard 10% co-payment of the normal consultation fee plus the additional amount charged by the doctor.

Doctor's house calls or and consultations at, for example, frail care centres will be paid at normal consultation rates unless clinically assessed to be medical emergencies.

List of network hospitals

TOWN	HOSPITAL NAME	TEL. NUMBER	STREET ADDRESS
Western Cape			
Athlone	Gatesville Medical Centre	(021) 637-8100	Clinic Road, Gatesville
Bellville	Cape Eye Hospital	(021) 948-8884	Cnr Oosterzee & DJ Wood Way
Bellville	Louis Leipoldt Medi-Clinic	(021) 957-6000	Broadway
Brackenfell	Cape Gate Medi-Clinic	(021) 983-5600	Cnr Tanner Road and Okavango Drive
Cape Town	Cape Town Medi-Clinic	(021) 464-5500	21 Hof Street, Oranjezicht
Cape Town	UCT Private Academic Hospital	(021) 442-1800	D 18 New Main Building, Anzio Road, Observatory
Ceres	Ceres Private Hospital	(023) 316-1304	2 Faure Street
Durbanville	Durbanville Medi-Clinic	(021) 980-2100	45 Wellington Road
George	Geneva Medi-Clinic	(044) 803 2000	7 Varing Avenue, Dornehlsdrift
George	George Medi-Clinic	(044) 803-2000	Cnr York Street & Gloucester Avenue
Hermanus	Hermanus Medi-Clinic	(028) 313-0168	Hospital Street
Knysna	Knysna Private Hospital	(044) 384-1083	Hunters Drive
Milnerton	Milnerton Medi-Clinic	(021) 529-9000	Cnr Racecourse & Koeberg Roads
Mitchells Plain	Mitchells Plain Medical Centre	(021) 392-3126	Symphony Walk, Town Centre
Mossel Bay	Bayview Hospital	(044) 691-3718	Cnr Alhof Drive & Ryk Tulbach Street
Oudtshoorn	Klein Karoo Medi-Clinic	(044) 272-0111	185 Church Street
Paarl	Paarl Medi-Clinic	(021) 807-8000	Berlyn Street, Noorder Paarl
Parow	Panorama Medi-Clinic	(021) 938-2111	Rothschild Boulevard, Panorama
Plettenberg Bay	Plettenberg Bay Medi-Clinic	(044) 501 5100	Muller Street, Plettenberg Bay
Plumstead	Constantiaberg Medi-Clinic	(021) 799-2911	Burnham Road

TOWN	HOSPITAL NAME	TEL. NUMBER	STREET ADDRESS
Somerset West	Vergelegen Medi-Clinic	(021) 850-9000	Main Road, Somerset West
Stellenbosch	Stellenbosch Medi-Clinic	(021) 861-2000	Cnr Saffraan & Rokewood Avenue
Strand	Medi-Clinic Strand	(021) 854-7663	Altena Road
Vredenburg	West Coast Private Hospital	(022) 719-1030	22 Voortrekker Road
Worcester	Worcester Medi-Clinic	(023) 348-1500	67 Fairbairn Street

Northern Cape			
Alexander Bay	Alexkor Hospital	(027) 831-1453	Hospital Street
Kathu	Kathu Medi-Clinic	(053) 723-3231	Frikkie Meyer Road
Kimberley	Kimberley Medi-Clinic	(053) 838-1111	177 Du Toitspan Road
Upington	Upington Medi-Clinic	(054) 338-8900	Cnr 4th Avenue & Du Toit Street

Gauteng			
Alberton	Mulbarton Hospital	(011) 432-3930	25 True North Road
Alberton	Clinton Clinic	(011) 724 2300	62 Clinton Road, New Redruth
Alberton	Union Hospital	(011) 724-2000	47 Clinton Road, New Redruth
Bedfordview	Bedford Gardens Private Hospital	(011) 677-8500	7 Leicester Road
Benoni	The Glynnwood	(011) 741-5000	33-35 Harrison Street
Benoni	Sunshine Hospital	(011) 420-3000	1522 Soma Street, Actonville
Benoni	Optiklin Eye Hospital	(011) 918-5478	104 Klein Street, Lakefield Ext
Boksburg	Sunward Park Hospital	(011) 897-1600	Cnr Kingfisher Avenue & Bert Lacey Drive
Brakpan	Dalview Clinic	(011) 740-9026	11 Hendrik Potgieter Road
Bryanston	Sandton Medi-Clinic	(011) 709-2000	Cnr Peter Place & Hendrik Verwoerd Drive
Cramer View	Medfem Clinic	(011) 463-2244	Cnr Peter Place & Nursery Road, Bryanston

TOWN	HOSPITAL NAME	TEL. NUMBER	STREET ADDRESS
Halfway House	Carstenhof Clinic	(011) 655-5500	21 Dane Road, Glen Austin, Midrand
Heidelberg	Suikerbosrand Clinic	(016) 349-2431	Cnr H F Verwoerd & Maré Streets
Honeydew	Wilgeheuwel Hospital	(011) 796-6500	Amplifier Road, Radio Kop Ext 13, Roodepoort
Johannesburg	Brenthurst Clinic	(011) 647-9000	4 Parklane Road, Parktown
Johannesburg	Wits University Donald Gordon Medical Centre	(011) 356-6000	21 Eton Road, Parktown
Johannesburg	Garden City Hospital	(011) 495-5000	Bartlett Road, Mayfair West
Kempton Park	Arwyp Medical Centre	(011) 922-1000	20 Pine Avenue
Krugersdorp	Bellstreet Hospital	(011) 954-1023	Cnr Bell & Shannon Road, Noordheuwel
Krugersdorp	Krugersdorp Hospital	(011) 951-0200	9 Burger Street
Lenasia	Lenmed Clinic	(011) 213-2000	Marlin Avenue, Lenasia Ext 8
Morningside	Morningside Medi-Clinic	(011) 282-5000	Cnr Rivonia & Hill Roads
Primrose	Roseacres Clinic	(011) 842-7500	Lower Main Reef Road, Germiston
Randfontein	Robinson Hospital	(011) 278-8700	Hospital Street
Soweto	Tsepo Themba Clinic	(011) 983-0300	Dobsonville Road, Dobsonville
Springs	Springs Parkland Hospital	(011) 812-4000	Artemis Road, Pollak Park
Springs	St Mary's Women's Clinic	(011) 815-6885	15 Middlesex Street, Springs Ext
Vanderbijlpark	Emfuleni Medi-Clinic	(016) 950-8000	6 Jan van Riebeeck Boulevard
Vereeniging	Vereeniging Medi-Clinic	(016) 440-5000	Cnr Hofmeyer Avenue & Joubert Street
Weltevreden Park	Flora Clinic	(011) 470-7777	William Nicol Drive
Pretoria			
Mabopane	Legae Medi-Clinic	(021) 797-8000	Lucas Mangope Highway
Pretoria	Medforum Medi-Clinic	(012) 317-6700	412 Schoeman Street
Pretoria	Muelmed Medi-Clinic	(012) 440-0600	577 Pretorius Street, Arcadia

TOWN	HOSPITAL NAME	TEL. NUMBER	STREET ADDRESS
Pretoria	Medi-Clinic Gynecological Hospital	(012) 400 8700	132 Cilliers Street
Pretoria	Medi-Clinic Heart Hospital	(012) 440-0200	551 Park Street, Arcadia
Pretoria	Kloof Hospital	(012) 367-4000	511 Jochemus Street, Erasmuskloof
Pretoria	Pretoria Urology	(012) 423-4000	Cnr Grosvenor & Pretorius Street, Hatfield
Pretoria	Pretoria Eye Institute	(012) 343-5873	630 Schoeman Street, Arcadia
Pretoria	Little Company of Mary Hospital - For Radiotherapy only	(012) 452-9400	576 Schoeman Street, Arcadia

Free State			
Bethlehem	Hoogland Medi-Clinic	(058) 307-2000	De Leeuw Street
Bloemfontein	Bloemfontein Medi-Clinic	(051) 404-6666	Cnr Kellner Street & Parfitt Avenue, Westdene
Bloemfontein	Bloemfontein Eye Centre - For Ophthalmology only	(051) 520 1262	Pasteur Drive, Hospital Park
Bloemfontein	Rosepark - For Radiotherapy only	(051) 505 5111	57 Gustav Crescent, Fichardtspark
Frankfort	Riemland Kliniek	(058) 813-2771	Cnr Collin & Frankfort Street
Kroonstad	Kroon Hospital	(056) 215-1881	North Road
Welkom	Welkom Medi-Clinic	(057) 916-5555	Meulen Street

Eastern Cape			
East London	East London Private Hospital	(043) 722-3128	32 Albany Street
East London	St Dominic's Hospital	(043) 743-4303	45 Marks Road, Southernwood
East London	St James' Hospital	(043) 722-9685	36 St James Road, Southernwood
King William's Town	Grey Monument Hospital	(043) 643-3522	Lonsdale Road
Port Alfred	Port Alfred Hospital	(046) 604-4000	Southwell Road
Port Elizabeth	Mercantile Hospital	(041) 401-2700	Cnr Kempston & Duban Roads, Korsten
Port Elizabeth	St Georges Hospital	(041) 392-6111	40 Park Drive

TOWN	HOSPITAL NAME	TEL. NUMBER	STREET ADDRESS
Queenstown	Queenstown Private Hospital	(045) 838-4110	Cnr, Griffith & Ebden Streets
Uitenhage	Cuyler Clinic	(041) 991-1331	34 Cuyler Street
Umtata	St Mary's Private Hospital	(047) 531-2911	30 Durhan street
North West			
Brits	Brits Medi-Clinic	(012) 252-8000	8 Church Street
Fochville	Fochville Hospital	(018) 771-2021	3rd Street
Klerksdorp	Anncron Clinic	(018) 468-1031	Cnr Brady & Hartley Streets, Witkoppies
Mafikeng	Victoria Hospital	(018) 381-2043	Victoria street
Potchefstroom	Potchefstroom Medi-Clinic	(018) 293-7000	66 Meyer Street
Rustenburg	Peglerae Hospital	(014) 597-2680	173 Wolmarans Street
Vryburg	Vryburg Private Hospital	(053) 927-1004	67 Molopo Street
Limpopo			
Lephalala	Marapong Private Hospital	(014) 768-2380	175 Mosethla Street
Louis Trichardt	Zoutpansberg Private Hospital	(015) 516-0720	47 Joubert Street
Polokwane	Limpopo Medi-Clinic	(015) 290-3600	Cnr Thabo Mbeki & Burger Streets
Thabazimbi	Thabazimbi Medi-Clinic	(014) 777-2097	1 Hospital street
Tzaneen	Tzaneen Medi-Clinic	(015) 306-8500	Wolkberg Drive, R71
Warmbaths	St Vincent's Hospital	(014) 736-2310	Meiminger street, Bela Bela
Mpumalanga			
Barberton	Barberton Medi-Clinic	(013) 712-4279	Cnr Sheba & Havelock Streets
Bronkhorstspuit	Bronkhorstspuit Hospital	(013) 932-9700	1 Barney Hurwitz Lane
Ermelo	Ermelo Medi-Clinic	(017) 801-2600	Cnr Camden & Melmetz Streets

TOWN	HOSPITAL NAME	TEL. NUMBER	STREET ADDRESS
Middelburg	Middelburg Private Hospital	(013) 283-8700	Cnr Mark & Joubert Street
Nelspruit	Nelspruit Medi-Clinic	(013) 759-0500	1 Louise Street, Sonheuwel
Secunda	Secunda Medi-Clinic	(017) 631-1772	Heunis Street, Secunda
Secunda	Highveld Medi-Clinic	(017) 638-8000	Barney Molokwane Street, Trichardt
Witbank	Cosmos Hospital	(013) 656-6524	Cosmos Building, President Street
Kwa-Zulu Natal			
Amanzimtoti	Kingsway Hospital	(031) 904-3600	607 Kingsway Road
Ballito Bay	Alberlito Hospital	(032) 946-3886	Kirsty Close, Ballito
Durban	Entabeni Hospital	(031) 204-1300	148 South Ridge Road, Berea
Empangeni	Empangeni Garden Clinic	(035) 902-8000	Cnr Ukula and Biyela Streets
Howick	Howick Private Hospital	(033) 330 - 2456	107 Main Street
Margate	Margate Hospital	(039) 317-3201	24 Wartski Drive
Newcastle	Newcastle Private Hospital	(034) 317-2990	Cnr Hospital & Birch Streets
Phoenix	Mount Edgecombe Hospital	(031) 539-3311	163/179 Redberry Road, Rockford
Pietermaritzburg	Pietermaritzburg Medi-Clinic	(033) 845-3700	90 Payne Street
Pongola	Pongola Hospital	(034) 413-1372	82 Hansdons Street
Port Shepstone	Hibiscus Hospital	(039) 682-4882	George Street
Richards Bay	The Bay Hospital	(035) 789-1234	Krugerrand CBD
Tongaat	Victoria Hospital	(032) 944-5061	35 High Street
Umhlanga	Umhlanga Hospital	(031) 560-5500	323 Umhlanga Rocks Drive
Underberg	Riverview Country Hospital	(033) 701-1911	1 Umzimkulu, Road
Westville	Westville Hospital	(031) 265-0911	Spine Road

Contact Details

DE BEERS BENEFIT SOCIETY	CLICKS DIRECTMEDICINES (Chronic medication DSP)	ER24 (Emergency Transport DSP)
WALK-IN CUSTOMER SERVICES: De Beers Benefit Society, Kimberley House, 84 Du Toitspan Road, Kimberley	WALK-IN CUSTOMER SERVICES: 36 Ayrshire Road, Longmeadow Business Park, Extension 1 Modderfontein	WALK-IN CUSTOMER SERVICES: Manor 1 Cambridge Manor Office Park, Corner Witkoppen & Stonehaven, Paulshof, Sandton
Postal address PO Box 1922, Kimberley 8300	Postal address PO Box 751902, Gardenview 2047	Postal address PO Box 242, Paulshof 2056
Website: www.dbbs.co.za	Website: www.clicksdirectmedicines.co.za	Website: www.ER24.co.za
Telephone: 053 807 3400 Hospital pre-authorisation department only 0800 111 669	Telephone: 0861 444 405 011 997 3000 Outside RSA: +27 11 997 3104	Telephone from within RSA: 084 124 For Botswana or Namibian residents: +27 10 205 3038
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